| | Index of Claims | | | | | | | | | | | | ^ | Application No. | | | | | | | | | Applicant(s) | | | | | | | | | |
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| 13 | | - | ╁ | ╁ | Н | \vdash | \dashv | H | - ::: | - | 63 | | ╁╌ | | - | | \dashv | + | | | 113 | \vdash | \dashv | + | ╁╌ | ╁ | + | \vdash | \dashv | | | |
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| 15 | 1 | | | | | | | | | | 65 | | | | | | | | | | 115 | | | | | | | | | | | |
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| 21 | | | | | | | | |]:::: | | 71 | \perp | | | | | \Box | \Box | | | 121 | П | \Box | \perp | \bot | \perp | | | | | | |
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| 27 | | \perp | \perp | 1 | \sqcup | \square | | \Box | 4:: | <u> </u> | 77 | \perp | \perp | Ш | _ | | _[| \dashv | | | 127 | \sqcup | _ | _ _ | - - | 4 | _ | | Щ | | | |
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| 32 | | | | | | | | |]:::. | | 82 | | | | | | | \Box | | | 132 | | \Box | \perp | \perp | Γ | | | | l | | |
| 33 | | <u> </u> | \perp | 1 | \sqcup | \square | _ | $\vdash \vdash$ | 4 | <u> </u> | 83 | \perp | \bot | \sqcup | _ | | \dashv | \dashv | | | 133 | \sqcup | \dashv | | \perp | \downarrow | | <u> </u> | Ц | | | |
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| 36 | | \vdash | + | + | \vdash | H | - | $\vdash \vdash$ | ∃ :::: | - | 86 | + | + | \vdash | \dashv | - | \dashv | $\dashv\dashv$ | | | 136 | \vdash | \dashv | + | + | + | + | \vdash | \dashv | | | |
| 37 | | | | 厂 | | | | |] | | 87 | 土 | | 口 | ╛ | | ╛ | | | | 137 | | | | | | 1. | | | l | | |
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Application No.

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